



City of Chicopee, Massachusetts

License Commission

William Pagel, Chairman
Donald Goulette
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James Grise
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COMPLAINT FORM FOR ALCOHOLIC ESTABLISHMENT

DATE ____/____/____

ESTABLISHMENT _____
(BAR, RESTAURANT, CLUB OR PACKAGE STORE INVOLVED)

ADDRESS _____

BARTENDER ON DUTY DURING INCIDENT _____

DATE OF INCIDENT ____/____/____/

REASON FOR COMPLAINT

INDIVIDUALS
NAME _____

INDIVIDUALS
ADDRESS _____

INDIVIDUALS PHONE NUMBER _____

ADDITIONAL
COMMENTS _____

FOR OFFICE USE ONLY
TELEPHONED _____ DATE _____ CAME INTO OFFICE _____

REFERRED TO _____ DATE _____

ACTION TAKEN _____